

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICARISINGPAC.ORG

ADDRESS (number and street)

PO BOX 100088

Check if different  
than previously  
reported. (ACC)

ARLINGTON

VA

22210

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00542902

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

NH

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

RHOADES, MATTHEW, , ,

Type or Print Name of Treasurer

Signature of Treasurer

RHOADES, MATTHEW, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICARISINGPAC.ORG

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y
11		28		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">134756.71</td></tr></table>	134756.71				
Y	Y	Y	Y	Y													
2016																	
134756.71																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">172303.03</td></tr></table>	172303.03															
172303.03																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">58025.00</td></tr></table>	58025.00					<table><tr><td colspan="5">567197.40</td></tr></table>	567197.40									
58025.00																	
567197.40																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">230328.03</td></tr></table>	230328.03					<table><tr><td colspan="5">701954.11</td></tr></table>	701954.11									
230328.03																	
701954.11																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">78601.95</td></tr></table>	78601.95					<table><tr><td colspan="5">550228.03</td></tr></table>	550228.03									
78601.95																	
550228.03																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">151726.08</td></tr></table>	151726.08					<table><tr><td colspan="5">151726.08</td></tr></table>	151726.08									
151726.08																	
151726.08																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICARISINGPAC.ORG**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7600.00	459698.00
(ii) Unitemized .....	425.00	1645.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8025.00	461343.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	50000.00	105000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	58025.00	566343.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	854.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	58025.00	567197.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58025.00	567197.40

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	58601.95	530228.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	58601.95	530228.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	20000.00	20000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78601.95	550228.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78601.95	550228.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	58025.00	566343.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58025.00	566343.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	58601.95	530228.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	854.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	58601.95	529373.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BOTTORFF, DENNIS, , MR.,**

Mailing Address 1314 CHICKERING RD

City  
NASHVILLE

State  
TN

Zip Code  
37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2016

Transaction ID : SA11AI.10600

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CAFFERTY, THOMAS, , ,**

Mailing Address 208 CARRWOOD

City  
GREAT FALLS

State  
VA

Zip Code  
22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2016

Transaction ID : SA11AI.10594

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHIAVACCI, LOUIS, , ,**

Mailing Address 9055 BANYAN DRIVE

City  
CORAL GABLES

State  
FL

Zip Code  
33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MERRILL LYNCH

Occupation (for Individual)  
WEALTH ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2016

Transaction ID : SA11AI.10601

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6100.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICARISINGPAC.ORG

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GELB, BRUCE, , MR.,

Mailing Address 111 EAST 56TH STREET  
211City  
NEW YORKState  
NYZip Code  
10022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2016

Transaction ID : SA11AI.10607

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUESTER, DENNIS, , MR.,

Mailing Address 10 SEAGATE DR.

City  
NAPLESState  
FLZip Code  
34103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2016

Transaction ID : SA11AI.10593

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

7600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. FUTURE45**

Mailing Address P.O. BOX 710993

City  
HERNDON

State  
VA

Zip Code  
20171

FEC ID number of contributing  
federal political committee.

**C** C00574533

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

**11** / **04** / **2016**

**Transaction ID : SA11C.10613**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50000.00

50000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. ADELMAN DATABASES**

Mailing Address PO BOX 403

City  
FALLS CHURCHState  
VAZip Code  
22040Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10559**

Amount of Each Disbursement this Period

647.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADVOC8**

Mailing Address 1342 FLORIDA AVENUE

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	4		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10560**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**Mailing Address 1555 WILSON BLVD.  
SUITE 307City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	2		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10561**

Amount of Each Disbursement this Period

4500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11147.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2016

FEC Identification Number

**C****Transaction ID : SB21B.10562**

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BULLDOG COMPLIANCE**Mailing Address 138 CONANT STREET  
2ND FLOORCity  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.10583**

Amount of Each Disbursement this Period

16.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CIDER SOLUTIONS, INC.**

Mailing Address 1301 S. FERN ST. #2884

City  
ARLINGTONState  
VAZip Code  
22202Purpose of Disbursement  
TECHNOLOGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.10564**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5156.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

**A. CIDER SOLUTIONS, INC.**

Mailing Address 1301 S. FERN ST. #2884

City  
ARLINGTONState  
VAZip Code  
22202Purpose of Disbursement  
TECHNOLOGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		07		2016

FEC Identification Number

C

Transaction ID : SB21B.10565

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CIDER SOLUTIONS, INC.**

Mailing Address 1301 S. FERN ST. #2884

City  
ARLINGTONState  
VAZip Code  
22202Purpose of Disbursement  
TECHNOLOGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		17		2016

FEC Identification Number

C

Transaction ID : SB21B.10566

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DEFINERS CORP**Mailing Address 1555 WILSON BLVD.  
SUITE 307City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
HUMAN RESOURCES CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		02		2016

FEC Identification Number

C

Transaction ID : SB21B.10567

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218City  
AUBURNState  
MAZip Code  
01501Purpose of Disbursement  
PAYROLL PROCESSING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.10569

Amount of Each Disbursement this Period

35.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218City  
AUBURNState  
MAZip Code  
01501Purpose of Disbursement  
PAYROLL: TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.10570

Amount of Each Disbursement this Period

613.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2016

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218City  
AUBURNState  
MAZip Code  
01501Purpose of Disbursement  
PAYROLL PROCESSING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.10571

Amount of Each Disbursement this Period

35.30

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

684.19

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		14		2016

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218City  
AUBURNState  
MAZip Code  
01501Purpose of Disbursement  
PAYROLL: TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.10576**

Amount of Each Disbursement this Period

613.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JONES DAY**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		17		2016

Mailing Address 51 LOUISIANA AVE NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.10581**

Amount of Each Disbursement this Period

950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OUTLAW MEDIA**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		07		2016

Mailing Address P.O. BOX 9735

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.10582**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3063.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

**A. REED, COLIN, , ,**

Mailing Address 2922 2ND ROAD NORTH

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
SALARY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C

Transaction ID : SB21B.10571

Amount of Each Disbursement this Period

5625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REED, COLIN, , ,**

Mailing Address 2922 2ND ROAD NORTH

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C

Transaction ID : SB21B.10572

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REED, COLIN, , ,**

Mailing Address 2922 2ND ROAD NORTH

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
SALARY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2016

FEC Identification Number

C

Transaction ID : SB21B.10577

Amount of Each Disbursement this Period

5625.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. REED, COLIN, , ,**

Mailing Address 2922 2ND ROAD NORTH

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		14		2016

FEC Identification Number

**C****Transaction ID : SB21B.10578**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVES, COOPER, N, ,**Mailing Address 1600 MARYLAND AVE NE  
APT 148City  
WASHINGTONState  
VAZip Code  
20002Purpose of Disbursement  
SALARY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.10573**

Amount of Each Disbursement this Period

2395.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVES, COOPER, N, ,**Mailing Address 1600 MARYLAND AVE NE  
APT 148City  
WASHINGTONState  
VAZip Code  
20002Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.10574**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2495.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. REVES, COOPER, N, ,**Mailing Address 1600 MARYLAND AVE NE  
APT 148City  
WASHINGTONState  
VAZip Code  
20002Purpose of Disbursement  
SALARY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10579**

Amount of Each Disbursement this Period

2395.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVES, COOPER, N, ,**Mailing Address 1600 MARYLAND AVE NE  
APT 148City  
WASHINGTONState  
VAZip Code  
20002Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10580**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	4		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10584**

Amount of Each Disbursement this Period

42.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2488.44



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2016					

FEC Identification Number

C 

Transaction ID : SB21B.10585

Amount of Each Disbursement this Period

 1.78☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2016					

FEC Identification Number

C 

Transaction ID : SB21B.10586

Amount of Each Disbursement this Period

 3.55☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				01				2016					

FEC Identification Number

C 

Transaction ID : SB21B.10587

Amount of Each Disbursement this Period

 71.00☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

 76.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	4		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10588**

Amount of Each Disbursement this Period

7.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	4		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10589**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		2	3		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.10590**

Amount of Each Disbursement this Period

78.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10085.20

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
BECHDEL REIMBURSEMENT: SEE MEMO ENTRY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		17		2016

FEC Identification Number

**C****Transaction ID : SB21B.10591**

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

58577.19

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 20  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICARISINGPAC.ORG</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542902	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ADVOC8</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 05 / 2016	
Mailing Address 1342 FLORIDA AVENUE			Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>	
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : <b>SE.10496</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 04 / 2016	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">20000.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>TARGETED VICTORY</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 05 / 2016	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400			Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE.10494</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 04 / 2016	
Purpose of Expenditure DIGITAL MEDIA PLACEMENT			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10000.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">20000.00</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">20000.00</span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>RHOADES, MATTHEW, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 08 / 2016	
[Electronically Filed]				